Diagnosis and treatment of common skin disorders
with reference to the use of 'Eskamel' and 'Pragmatar'
with eight full-colour plates

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In this booklet, common skin disorders that may be seen in general practice are illustrated in full colour. Each illustration is accompanied by a brief discussion of the disease and its treatment, with particular reference to the use of 'Eskamel' and 'Pragmatar'.

Psoriasis

Distribution

The parts of the body most commonly affected are the extensor aspects of the elbows and knees, the scalp, the sacral region, and the nails. No part of the skin is immune, but the mucous membranes are never involved.

Appearance of the lesions

The initial lesions are small, slightly raised, reddish punctate papules covered with fine silver scales that may not at first be visible to the naked eye. The lesions extend centrifugally preserving their round or oval contour; as they grow their scaliness becomes more obvious. They may grow to the size of coins and may eventually become confluent, forming large plaques. The lesions do not all appear simultaneously, so that in every case they may be seen in various stages of development.

Differential diagnosis

The ordinary case usually presents no difficulty in diagnosis. Sometimes, however, psoriasis may need to be distinguished from secondary syphilis, seborrhoeic dermatitis, chronic eczema, lichen ruber planus, or pityriasis rosea.

Treatment

Many types of treatment have been tried, but in some cases the most that the patient can expect is the cure of one particular attack and help in controlling the recurrences. It is important, therefore, to try to teach the patient to live with his disease.

In the acute case, in which the lesions are erupting rapidly and perhaps itching, it is best to put the patient to bed and administer sedatives in moderate doses. Great relief may be obtained from daily tepid baths containing $\frac{1}{2}$ fl. oz. (14 ml.) liquor carbonis detergens to each 12 gallons (55 litres) of water.

In chronic cases, the two drugs of most value are tar and dithranol. It is important to rub the medicaments used well into the affected areas, and not merely to smear them on. Dithranol should be confined to the lesions and kept off the normal skin as far as possible. A daily bath and the removal of scales by gentle rubbing with soap and water will help the medicaments to penetrate.

Sunlight or artificial ultraviolet rays are sometimes of benefit; and X-rays may be of value but should be used with great caution. The relief of any underlying anxiety often reduces the frequency of recurrence.

Psoriasis

'Pragmatar' is particularly useful for the treatment of psoriasis of the scalp and in cases with many small lesions in which it is impossible to confine applications to the lesions alone.

Seborrhoeic Dermatitis

Distribution

Seborrhoeic dermatitis first appears in its mildest form as a scaling of the entire scalp (dandruff is a mild degree of this condition). In somewhat more severe forms the eruption spreads beyond the scalp, particularly to the retro-auricular region and the face. After the head, lesions are next most commonly seen on the presternal and the interscapular regions; the pubes, umbilicus, axillae, and groins are less often affected, but the disorder may eventually appear widely over the trunk and limbs. The palms and soles are never involved.

Appearance of the lesion

The most characteristic lesions are to be seen on the trunk. They are sharply circumscribed and usually begin as fine follicular macules. Surrounding each hair follicle is a minute scale a few millimetres across; when this is lifted a flat pink area is found beneath. Plaques of varying size are formed by the coalescence of these lesions; a plaque usually appears brown or pinkish, but may be a deeper red, and a yellowish tinge is usually present.

Differential diagnosis

The principal diseases from which seborrhoeic dermatitis must be distinguished are eczema and psoriasis. Ringworm and pityriasis rosea may also sometimes be confused with it.

Treatment

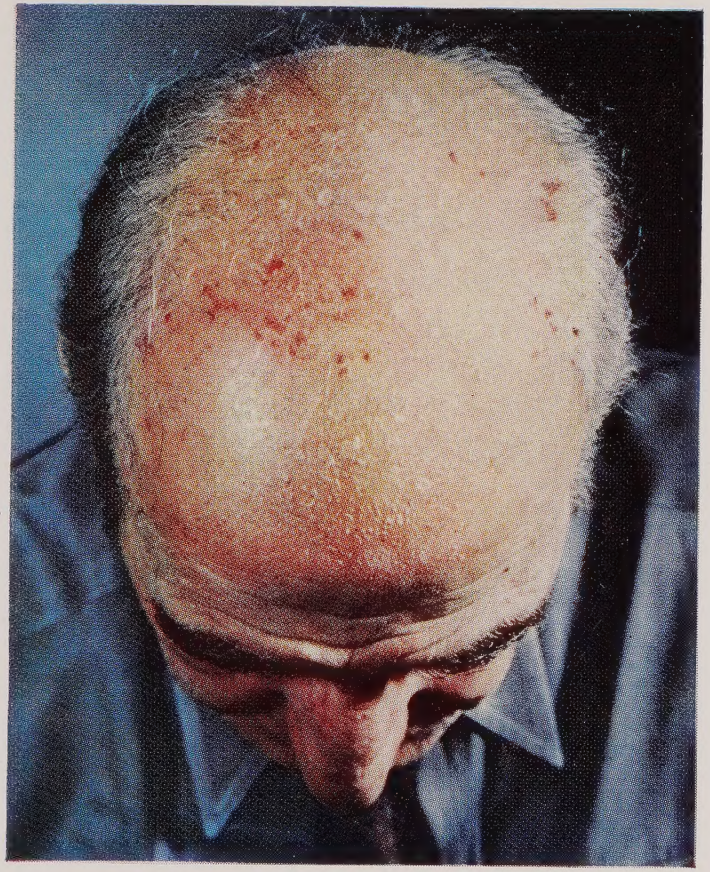
'Pragmatar' is most effective in the treatment of seborrhoeic dermatitis. In patients with moderate involvement of the scalp, applications once or twice a week may be sufficient. In more severe cases, 'Pragmatar' should be applied once daily. Prolonged treatment may be necessary to keep the dermatitis under control.

In acute cases, or when secondary infection supervenes, additional treatment may be advisable. Boric acid, 1:8000, or other soothing compounds, applied by compress one to three times daily, will ordinarily bring the acute symptoms under control. Suitable antibacterial measures are required in cases complicated by frank bacterial infection such as impetigo.

Otitis externa is often associated with seborrhoeic dermatitis. When the otitis is subacute or chronic, 'Pragmatar', applied once daily, may be helpful.

A diet low in carbohydrates and fats is often of value. In particular cocoa, chocolate, and fat from the pig should be excluded from the diet.

Seborrhoeic Dermatitis



Tinea Cruris

Distribution

Tinea cruris affects the groin, and is usually confined to the inner aspect of the thighs; it may spread between the buttocks.

Appearance of the lesion

The eruption starts with round raised papules which become confluent. Later the typical rash is seen: a dry, sharply defined, erythematous lesion, often roughly symmetrical, having a festooned, raised, and scaly edge. If the patient is fat and sweats easily, the affected areas may become macerated and ooze.

Differential diagnosis

The raised scaly spreading edge is characteristic and distinguishes the eruption from all others likely to occur in the groin, but it can be mistaken for seborrhoeic dermatitis.

Treatment

Except in acute cases, 'Pragmatar' applied once a day at night will usually control tinea cruris. Acute cases are best nursed in bed and treated with pigmentum magentae twice daily or bathed with potassium permanganate (1:7000) and thereafter dressed with calamine lotion. Close-fitting underwear should not be worn

Seborrhoeic Eczema

Distribution

In general, the eczematous eruptions suitable for treatment with 'Pragmatar' are those in or near the folds of the skin or the depressions in its surface. These are most common in obese persons.

Frequently, the patient also has other signs of seborrhoeic dermatitis; this should be given appropriate treatment with 'Pragmatar'.

Appearance of the lesions

These vary much in severity; are usually inflammatory; are characterized by vesiculation, infiltration, watery discharge, and sometimes the development of scales and crusts. (The disease is frequently attended by restlessness, local itching, and burning).

Treatment

Applied once daily, 'Pragmatar' is valuable in the treatment of subacute and chronic eczematous eruptions, especially those in which a seborrhoeic factor is involved—for example, the intertriginous inflammatory eruptions associated with superficial bacterial or yeast infections.

Treatment in acute cases

If the eczematous eruption is acute, with marked redness, oozing, or pustulation, and in eczematous eruptions on dry, chapped skin, particularly on the hands or the extensor surfaces of the extremities, 'Pragmatar' is contra-indicated.

Tinea Pedis

Distribution

The commonest site is between the toes, particularly between the fourth and fifth. The sides of the toes, instep, and sole may also be affected.

Appearance of the lesion

Between the toes the skin is white and sodden; in places it rubs off, leaving a raw area. On the sides of the toes the lesions are vesicular and, when they spread to the instep, form a reddened vesicular area usually with a well defined border. On the soles, there may be an eruption of deep-seated blisters, or the horny layer may be thickened diffusely or in patches, sometimes with exfoliation and fissuring.

Differential diagnosis

Podopompholyx is often mistaken for tinea of the feet, and maceration between the toes can be due to sweating or non-tineal infection. The diagnosis of tinea pedis can only be made with certainty by demonstrating mycelium in scrapings taken from the affected parts.

Treatment

In subacute and chronic cases the affected areas should be soaked in hot potassium permanganate baths (1:9000) before going to bed, and then 'Pragmatar' should be applied sparingly. 'Pragmatar' should not be applied just before shoes are put on.

In acute cases, 'Pragmatar' should not be used. The feet should be soaked in antiseptic baths and very mild preparations, such as 1 per cent. ammoniated mercury, should be used. Castellani's paint or a liquid containing 1 to 3 per cent. salicylic acid and 3 to 6 per cent. benzoic acid in 70 per cent. ethyl alcohol may be applied to fissures or small inflamed areas. When the infection subsides to the subacute stage, 'Pragmatar' may be used.

The feet should be kept clean and prevented from sweating as far as possible. After the feet have been washed, they should be dried with care, especially between the toes. A dusting powder should be used regularly after the tinea has cleared.

Tinea Pedis

Pityriasis Rosea

Distribution

The first manifestation of the disease usually begins as an isolated lesion known as the herald patch. The initial ringed lesion has other lesions appearing in a satellite fashion around it, spreading symmetrically over most of the trunk and upper portions of the limbs. The face, scalp, palms and soles are rarely involved.

Appearance of the lesions

The eruption is rose-coloured. The lesions may be oval, round, or irregular, and vary from pinhead to finger-nail in size or occasionally larger, and are slightly infiltrated. In well-developed cases a small central scale appears, which eventually becomes detached, leaving a collarette of fine scales at the circumference of the disc, and sometimes a fawn-coloured 'crinkly' centre. Another important feature is the streamline arrangement in the cleavage lines of the skin so that the long axes of the macules are more or less parallel with the ribs.

Differential Diagnosis

Differential diagnosis is important. Certain other dermatological conditions simulate pityriasis rosea. The maculopapular eruption of secondary syphilis, seborrhoeic dermatitis, guttate psoriasis, drug eruptions, and tinea circinata must be excluded.

Treatment

Pityriasis rosea is an acute, inflammatory, self-limiting disease. The duration is from four to eight weeks, and second attacks are rare.

'Pragmatar', applied twice daily, may shorten the course of the disease, thereby sparing the patient considerable anxiety. Itching may be relieved by weak permanganate baths and dusting powder, or by the application of calamine lotion.

At the onset the patient should take as little exercise as possible, keep cool, and avoid hot drinks. Hot baths increase the irritation and encourage a more widespread eruption. As soon as the inflammation is subsiding, bathing and work are permissible.

Pityriasis Rosea

Acne

It is now generally recognized that acne is not a disease to be lightly dismissed, and that the need for treating the acne patient must be assessed not only on the physical manifestations, which may be mild, but also on the psychological repercussions, which may be severe and lasting.

'Eskamel'

'Eskamel' aims at relieving both the physical manifestations of acne and their psychological sequelae. It presents two well-tried drugs, sulphur and resorcinol, in a delicately flesh-tinted vehicle that is entirely free from grease or oil. This special vehicle has two important functions:—

1. It provides a mask for the unsightly acne lesions, and yet because it is flesh-tinted makes 'Eskamel' inconspicuous on the skin.
2. It permits the active ingredients of 'Eskamel' to remain in intimate and prolonged contact with the skin. 'Eskamel', therefore, produces marked improvement in a matter of days, rather than weeks or months.

'Eskamel' has the advantage that it is designed specially for the treatment of acne; every feature of its composition has been included with that aim in mind.

Directions for use

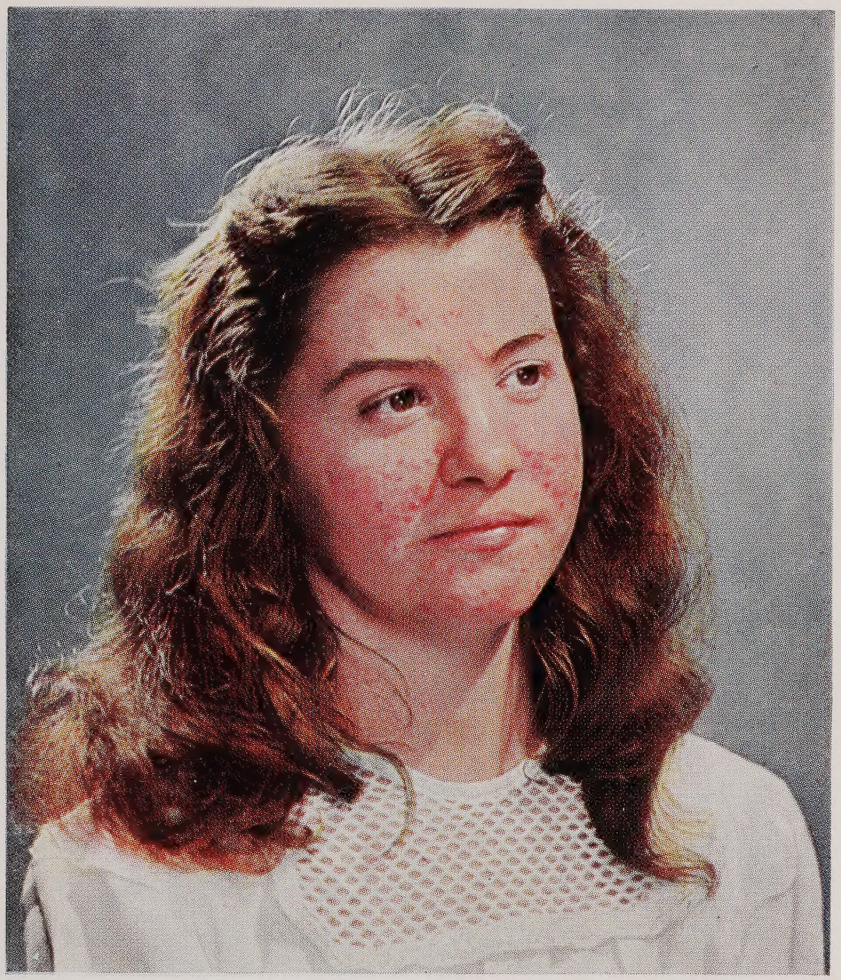
Wash (but do not scrub) affected areas with soap and water; then dry gently. Apply a thin coating of 'Eskamel' with the fingers. Stroke on lightly, but do not rub in.

One application daily is sufficient for the average case, but patients with particularly oily skins may apply 'Eskamel' more often.

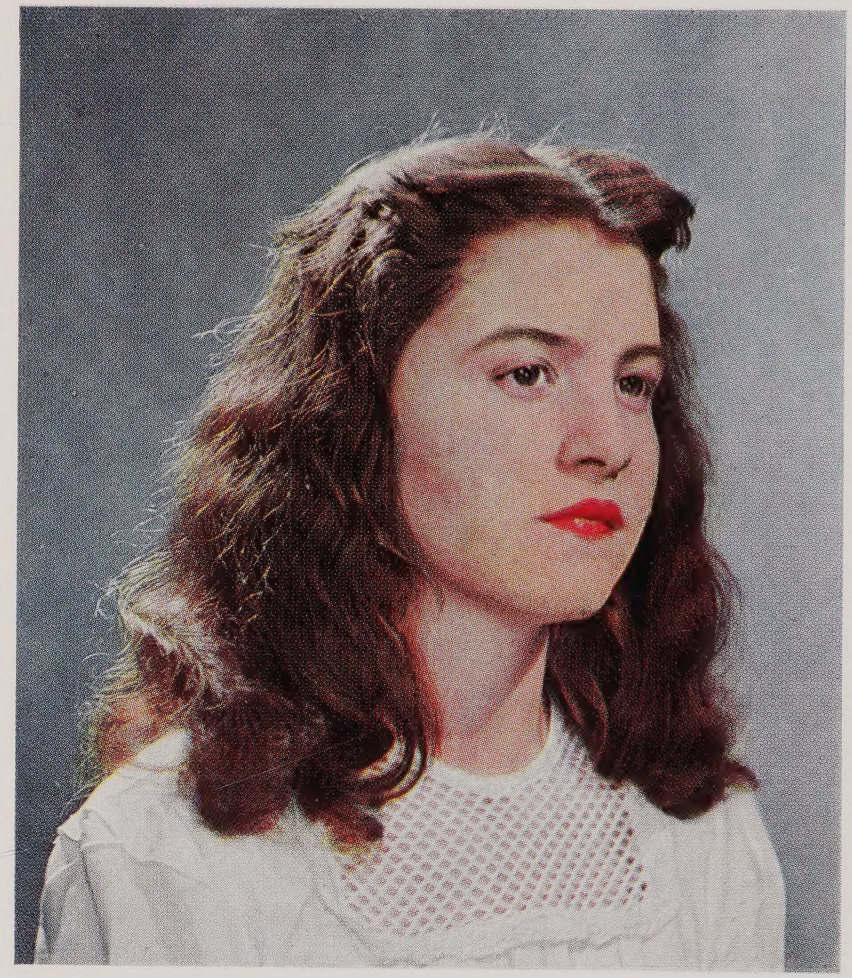
Moderate erythema and scaling are the normal and expected reactions to 'Eskamel' therapy. In some patients, notably those who are blond or dry-skinned, too frequent application may cause these effects to become too marked. Should this or other untoward reactions occur, discontinue 'Eskamel' until the inflammation has subsided, and then re-apply at longer intervals. Do not apply 'Eskamel' to acutely inflamed areas, and use with care near the eyes.

Though local treatment is the most important, attention should also be given to diet and general hygiene. Cocoa and chocolate should be excluded from the diet, and acne patients should be encouraged to have adequate sleep.

Seborrhoeic scaling of the scalp prevents the successful treatment of acne, and if present, must be controlled.



Before applying 'Eskamel'



Immediately after applying 'Eskamel'

'Eskamel' for Acne

'ESKAMEL'

Formula

Resorcinol, 2 per cent., and sulphur, 8 per cent., in a stable, grease-free, flesh-tinted vehicle.

Important

'Eskamel' should not be diluted, nor compounded with other drugs.

'Eskamel' is intentionally designed to dry quickly when applied. So that it will not evaporate in the package, it is supplied, not in jars, but in specially lined 1-oz. (28 gm.) tubes. Obviously, therefore, when prescribing 'Eskamel' it is best always to order the original tube.

'Pragmatar'—Two distinctive features

The therapeutic effectiveness of 'Pragmatar', superior to that of ordinary tar-sulphur-salicylic-acid ointments, is largely due to two distinctive features:—

1. The oil-in-water emulsion base

   This washable oil-in-water emulsion base makes 'Pragmatar' particularly effective in every climate; it eliminates the untoward reactions that so often attend the use of skin creams and ointments under tropical conditions. Because of this special base, containing a wetting agent which lowers surface tension, 'Pragmatar' is miscible with serous exudate; is not gummy and easy to remove; and leaves the skin and hairy surfaces neither unduly oily nor unduly dry.

2. The cetyl-alcohol-coal-tar distillate

   This clear extract retains the therapeutically active components of crude coal tar, but minimizes the likelihood of irritation. Furthermore, it is non-staining and free from unpleasant odour.

Wide margin of safety

The usefulness of 'Pragmatar' is greatly enhanced by its wide margin of safety. When applied as directed, exacerbations and untoward reactions seldom occur.

'Pragmatar' incorporates, in an improved washable emulsion base:

Cetyl-alcohol-coal-tar distillate	4%
Sulphur	3%
Salicylic acid	3%

Issued in 1-oz. (28 gm.) tubes.

'PRAGMATAR'

Printed in Englan